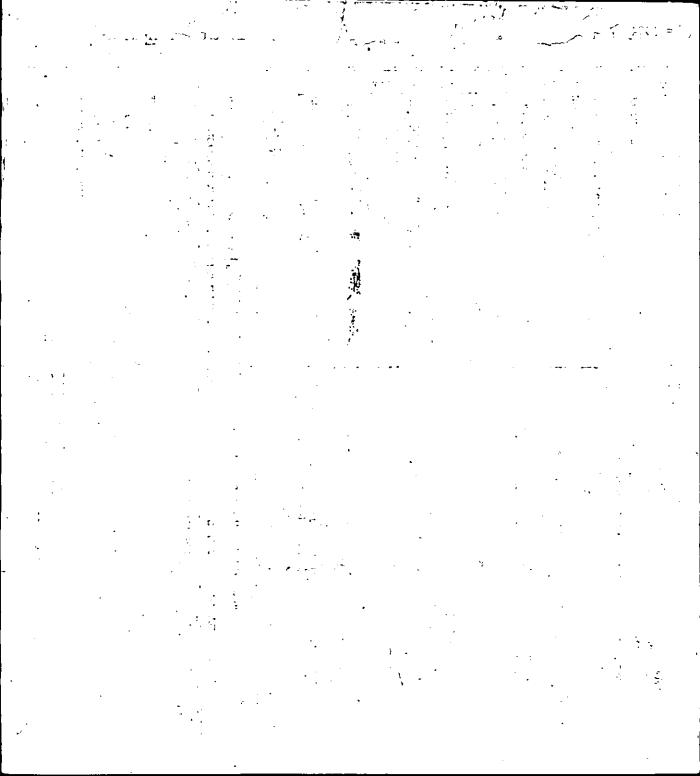
MISSOURI STATE BOARD OF HEALTH Do not use this space BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No. Primary Registration District No. 69 Township 2/2000 (a) Residence, No..... (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred mos ds. How long in U.S., if of foreign birth? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 19.34 DIVORCED (write the word) hat I attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORGED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR). to have occurred on the datastated above, at 1.3 a. Rn. The principal cause of death and related causes of importance were as follows: DAYS If LESS than 1 7. AGE YEARS MONTHS day, ......hrs. or .....min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and year) occupation..... 12. BIRTHPLACE (CITY OR TOW (STATE OR COUNTRY) 13. NAME 14. BIRTHPLACE (CITY OR TOWN)...... What test confirmed diagnosis? Was there an autopsy?.. ( STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: in plain 15. MAIDEN NAME 1/ Where did injury occur?..... 16. BIRTHPLACE (CITY OR TOWN) (Specify city or town, county, and State) (STATE OR COUNTRY -Every item of E OF DEATH Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT..... (ADDRESS) Manner of injury..... 24. Was disease or injury in any way related to occupation of deceased? If so, specify...... (ADDRESS)



## DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

Warch

WASHINGTON

22990

E. T. McGaugh, M. D., Special Agent, Jefferson City, Mo.

Special Agent.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

	Name: Deray Schoonouer (grr)
	Name: Ostay Promote The Name: On June 9 - 1934  Residence: No. St.
٠	Residence: No. St.
	(If nonresident, city or town)
	Length of residence in city or
	town where death occurred: Years Months Days
	Sex M Color or race Single, married, widowed or divorced:
	Date of birthAge: Years 65 Months 6 Days //
	-
	Occupation: (a) Trade, profession, or (b) Industry or business in which
	particular kind of work done, as spinner, work was done, as silk mill,
	particular kind of work done, as spinner, work was done, as silk mill, sawyer, bookkeeper, etc. saw mill, bank, etc.
	·
	Data degeased last worked at this occupation: Month, year
	Data deceased last worked at this occupation: Month Birthplace (State or country) malegnent absers.
	Birthplace (State or country) Trace nor cosces.
	Birtiplace of father (State or country) fault of being injured by a house
	Birthplace of nother (State or country force months priving to death,
	Principal cause of death: no ather information annieras
•	
	Intestinal under estion
	Other contributory causes of importance
	Name of operationDate of
	What test confirmed diagnosis? Was there an autopsy?
	If death was due to external causes (violence) fill in also the following:
	Accident, suicide, or homicide?
	Where did injury occur?
	(Specify city or town, county and State)
	Specify whether injury occurred in industry, in home, or in public place.
	specify whether injury occurred in industry, in nome, or in public prace.
	Manner of injury
	Nature of injury
	Was disease or injury in any way related to occupation of deceased?
	If so, specify
	Name of physician J. J. (Phipps
	Address of physician Trunk Cety ma.
Y	Signature of Registrar & Myra O. H. Bond Date filed June 11-36
٩	This information is sought for statistical purposes only and in order that the
	official report may be complete and correct. Please reply promptly using the en-
	closed official envelope which requires no postage.
	Very truly yours,
	Primary Reg. Dist. No. 6215
	' / /

S-22992